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CONFIRMATION NO. 9455

SERIAL NUMBER 10/688,858	FILING DATE 10/17/2003 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 069090.1
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/31/2004

Foreign Priority claimed

☐ yes ☒ no

35 USC 119 (a-d) conditions met

☐ yes ☒ no

Met after Allowance

Verified and Acknowledged

Examiner's Signature

Initials

STATE OR

COUNTRY
MA

SHEETS

DRAWING
6

TOTAL

CLAIMS
10

INDEPENDENT

CLAIMS
2

ADDRESS

34663

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33131

TITLE

System and method for assessing healthcare risks

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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